



Tips to Help You Choose

Need help choosing a health plan or PCP?

In the Integrated Care Program, you must choose one of these health plans, Aetna, Blue Cross Community ICP, Cigna HealthSpring, Community Care Alliance, Humana Health Plan, IlliniCare, Meridian, or Together4Health, and choose a doctor or clinic to be your primary care provider (PCP).

TIP 1

Choose the best plan for you:

- Read ***Your Health Plan Choices*** to learn about the services you can get from each plan.
- Read ***How to Enroll in a Health Plan*** to learn how to enroll (become a member) in the health plan you choose.
- Call or visit a community helper near you to learn more about the plans.

TIP 2

Think about your answers to these questions:

- Do you want to keep your doctor or clinic, or do you want a new doctor or clinic?
- Does the health plan have the doctors, hospitals and specialists you use?
- What extra services does the health plan have?

TIP 3

Find out if your doctor or clinic works with one of the health plans:

- Call us at **1-877-912-8880** (TTY: 1-866-565-8576). The call is free.
Call Monday to Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 3 p.m.
- Go to **www.EnrollHFS.Illinois.gov** and click "Choose," or
- **Visit or call** a community helper. See the list that came with this letter.

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When you enroll by phone or online, we will ask these questions.

You can choose not to answer, but your answers help your health plan make sure you get the care you need.

1. In general, how is your physical and mental health?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. Do you have health problems that you need help with right away?
*If **yes**, we will ask you to describe them.*
☐ Yes ☐ No
3. Do you have any appointments scheduled with doctors or other specialists?
*If **yes**, we will ask you the name of the doctor you will see and when you will go.*
☐ Yes ☐ No
4. Do you need extra help to access services, such as a wheelchair ramp, a computer screen reader or large print materials?
*If **yes**, we will ask you what kind of help you need.*
☐ Yes ☐ No
5. Have you been in the hospital in the last month?
*If **yes**, we will ask you why you were in the hospital.*
☐ Yes ☐ No